

**Department of Health Care Services
Roll Back Rate Increase for Family Planning Services**

Summary: Senate Bill (SB) 94 (Chapter 636, Statutes of 2007) created Welfare and Institutions Code section 14105.181, which provided for the augmentation of reimbursement rates for eight specified office visit codes billed by the Medi-Cal program for comprehensive family planning services and the Family Planning, Access to Care and Treatment (FPACT) program, effective January 1, 2008.

SB 94 required that rates for comprehensive family planning services be adjusted to the equivalent of the weighted average of at least 80 percent of the federal Medicare reimbursement rate for the same or similar service, which resulted in a reimbursement increase of 90.9 percent for these services.

This proposal would eliminate the 90.9 percent rate augmentation for family planning.

Welfare and Institutions Code Section 14105.181 is amended, to read:

14105.181(a) NO CHANGE.

(b) Reimbursement rates for office visits billed as comprehensive clinical family planning services by Family PACT waiver providers and for office visits billed as family planning services by Medi-Cal providers shall receive a rate augmentation equal to the weighted average of at least 80 percent of the amount that the federal Medicare program reimburses for these same or similar office visits. The rate augmentation shall be based upon Medicare rates in effect on December 31, 2007.

(c) NO CHANGE.

(d) NO CHANGE.

(e) This section shall be inoperative for services rendered on or after the first day of the month following 30 days after the operative date of the legislation that added this subdivision.